

**FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

09/ 739 325

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND.		DEP.		IND.		DEP.	
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